

STATE OF IDAHO - STARS TRAVEL EXPENSE VOUCHER

CLAIMANT INFORMATION

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE
CLAIMANT'S NAME		CLAIMANT'S SOC SEC NO	OFFICIAL HOME STATION	
PERSONAL VEHICLE LICENSE NUMBER		STATE VEHICLE LICENSE NUMBER		
PURPOSE OF TRAVEL				

TRAVEL DETAIL INFORMATION

FROM CITY		DEPARTED DATE		DEPARTED TIME		
TO CITY/ST		ARRIVED DATE		ARRIVED TIME		
MEETING DATES/TIMES						
DATE	TOTAL MEALS ALLOWED	P-CARD MEALS TO DEDUCT	LODGING	P-CARD LODGING TO DEDUCT	PERSONAL VEHICLE MILES DRIVEN	COMMENTS
TOTALS						

MODE OF TRAVEL

MODE OF TRAVEL	AMOUNT	P-CARD AMT TO DEDUCT	COMMENTS	MISC	AMOUNT	P-CARD AMT TO DEDUCT	COMMENTS
PRIVATE VEHICLE				OTHER			
COMM AIRFARE				OTHER			
TRAIN, BUS				OTHER			
TAXI				OTHER			
OTHER				OTHER			
OTHER				OTHER			
TOTAL				TOTAL			

TOTALS / CERTIFICATIONS

TOTAL MEALS + LODGING - PCARD, PLUS TRAVEL - PCARD, PLUS MISCELLANEOUS - PCARD		
LESS ROTARY/PCARD ADVANCE		ROT ADV #
TOTAL (+ DUE TO EMPLOYEE, - DUE TO AGENCY)		
Third-Party reimbursement is coming from:		
I hereby certify that the information in this voucher is correct and just.		CLAIMANT SIGNATURE:
I hereby certify that the travel was performed under competent orders, the purpose for which it was undertaken, and that the same was necessary in the public service.		AGENCY APPROVAL:

FISCAL INFORMATION - USE THE EXPDISB FORM FOR CODING INFORMATION FOR STARS INPUT.